

Medical Assistance Provider Incentive Repository (MAPIR): Part 1 – Getting Started to Patient Volumes for Eligible Professionals

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MAPIR User Guide for Eligible Professionals – Part 1

Version	Revision Date	Revision
V1.0	05/24/2019	<ul style="list-style-type: none">• Initial version.• Updated section “Step 1 – Getting Started”.• Updated section “Step 2 – Confirm R&A and Contact Info”.• Updated section “Step 3 – Eligibility”.• Updated section “Step 4 – Patient Volumes” and the following subsections:<ul style="list-style-type: none">○ Patient Volume Practice Type (Part 1 of 3)○ Patient Volume 90 Day Period (Part 2 of 3)• Updated section “Patient Volume – Individual”.• Updated section “Patient Volume – Practitioner Panel (Individual & FQHC/RHC)”.• Updated section “Patient Volume – Group”.• Updated section “Patient Volume – FQHC/RHC Individual”.• Updated section “Patient Volume – FQHC/RHC Group”.• Finalized version.

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Introduction

The American Recovery and Re-investment Act of 2009 was enacted on February 17, 2009. This act provides for incentive payments to Eligible Professionals (EP), Eligible Hospitals (EH), and Critical Access Hospitals to promote the adoption and meaningful use of interoperable health information technology and qualified electronic health records (EHR).

The Medical Assistance Provider Incentive Repository (MAPIR) is a Web-based program administered by state Medicaid programs that allows Eligible Professionals and Eligible Hospitals to apply for incentive payments to help defray the costs of a certified EHR system.

Per the final federal rule, Eligible Professionals under the Medicaid EHR Incentive Program include:

- Physicians (primarily doctors of medicine and doctors of osteopathy)
- Nurse practitioners
- Certified nurse-midwives
- Dentists
- Pediatricians

Physician assistants who furnish services in a Federally Qualified Health Center or Rural Health Center that is led by a physician assistant

To qualify for an incentive payment under the Medicaid EHR Incentive Program, an Eligible Professional must meet one of the following criteria:

- Have a minimum 30% Medicaid patient volume
- Have a minimum 20% Medicaid patient volume, and is a pediatrician
- Practice predominantly in a Federally Qualified Health Center or Rural Health Center and have a minimum 30% patient volume attributable to needy individuals

Note

Children's Health Insurance Program (CHIP) patients do not count toward the Medicaid patient volume criteria.

To apply for the Medicaid EHR Incentive Payment Program, Eligible Professionals must first register at the CMS Medicare and Medicaid EHR Incentive Program Registration and Attestation System (R&A). Once registered, they can submit an application and attest online using MAPIR.

This manual provides step-by-step directions for using MAPIR and submitting your application to the Medicaid EHR Incentive Payment Program

Related MAPIR Documentation

To review Program updates for 2017 in the Attestation tab, see MAPIR User Guide for EP Part 2A PY 2017.

To review Program updates for 2018 in the Attestation tab, see MAPIR User Guide for EP Part 2B PY 2018.

To review Program updates for 2019 in the Attestation tab, see MAPIR User Guide for EP Part 2C PY 2019.

To review Submission and Review of the application, see MAPIR User Guide for EP Part 3.

To review the MAPIR Review tab to Application Submission, see MAPIR User Guide for EP Part 4.

Before You Begin

There are several pre-requisites to applying for state Medicaid EHR Incentive payments using MAPIR.

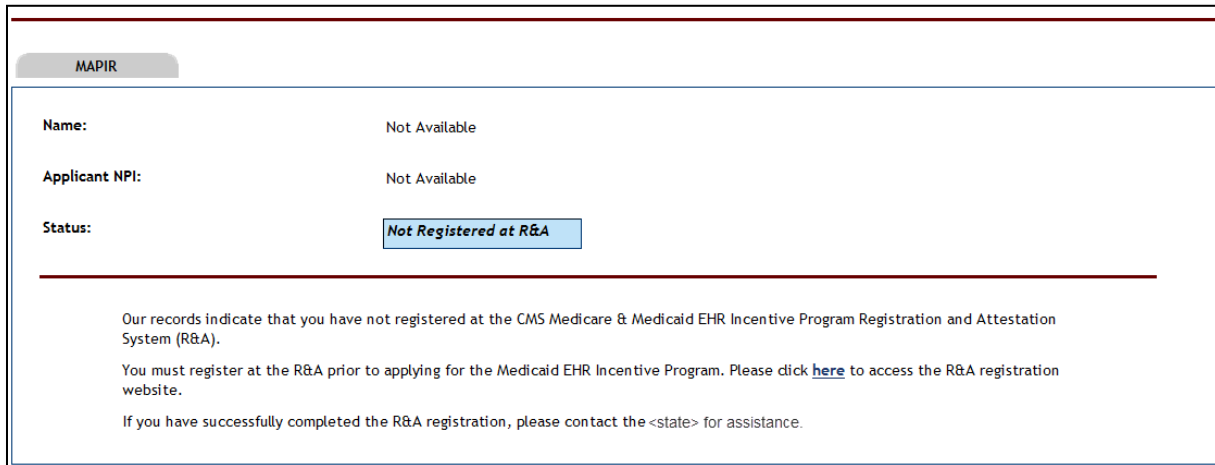
1. Complete your CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A) registration.
2. Identify one individual from your organization who will be responsible for completing the MAPIR application and attestation information. This person can also serve as a contact point for state Medicaid communications.
3. Gather the necessary information to facilitate the completion of the application and attestation process.

Important

If you encounter issues with the way the MAPIR screens display, such as extra lines in tables, you may be running your browser in compatibility mode. To remove the MAPIR site from compatibility mode, in your browser go to Tools and select Compatibility View Settings. Select entries that reference “MAPIR” in the URL path from the list and click Remove.

Complete your R&A registration.

You must register at the CMS Medicare and Medicaid EHR Incentive Program Registration and Attestation System (also known as R&A) before accessing MAPIR. If you access MAPIR and have not completed this registration, you will receive the following screen.



MAPIR

Name:	Not Available
Applicant NPI:	Not Available
Status:	Not Registered at R&A

Our records indicate that you have not registered at the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A).

You must register at the R&A prior to applying for the Medicaid EHR Incentive Program. Please click [here](#) to access the R&A registration website.

If you have successfully completed the R&A registration, please contact the <state> for assistance.

Please access the federal Web site below for instructions on how to do this or to register:

For general information regarding the Incentive Payment Program:
<http://www.cms.gov/EHRIncentivePrograms>

To register:
<https://ehrincentives.cms.gov/hitech/login.action>

You will not be able to start your MAPIR application process unless you have successfully completed this federal registration process. When MAPIR has received and matched your provider information, you will receive an email to begin the MAPIR application process. Please allow at least two days from the time you complete your federal registration before accessing MAPIR due to the necessary exchange of data between these two systems.

Changes to your R&A Registration

Please be aware that when accessing your R&A registration information, should any changes be initiated but not completed, the R&A may report “Registration in Progress”. This will result in your application being placed in a hold status within MAPIR until the R&A indicates that any pending changes have been finalized. You must complete your registration changes on the R&A website prior to accessing MAPIR or certain capabilities will be unavailable. For example, it will not be possible to submit your application, create a new application, or abort an incomplete application. If you access MAPIR to perform the above activities and have not completed your registration changes, you will receive the following screen.

MAPIR

Name:

Applicant NPI:

Status: **Registration in Progress**

IMPORTANT:

Our records indicate that your registration is in progress at the CMS Medicare and Medicaid EHR Incentive Payment Program Registration and Attestation System (R&A) and you must complete that registration process before you can access your application here.

The R&A website https://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp will have instructions on how to save your registration after a modification.

You must choose "Submit Registration" at the R&A after you have reviewed and confirmed the information is correct.

Please allow 24 to 48 hours after saving your registration at the R&A before accessing your EHR Medicaid Incentive application.

If you have successfully completed the R&A registration, please contact Indiana Health Coverage Programs (IHCP) for assistance.

Should the R&A report your registration “Registration in Progress” and an application be incomplete or under review (following the application submission), MAPIR will send an email message reporting that such notification has been received if a valid email address was provided by either the R&A, or by the provider on the incentive application in MAPIR. Please allow at least two days from the time you complete your federal registration changes before accessing MAPIR due to the necessary exchange of data between these two systems.

Identify one individual to complete the MAPIR application.

MAPIR is accessed via the secure provider portal. Eligible EPs and EHs will use the Indiana Health Coverage Programs (IHCP) Provider Healthcare Portal (Portal) to initiate the EHR Incentive Payment Program attestation process in Indiana. You will login to the secure server with your associated Portal ID and Password on the Portal web site at <https://portal.indianamedicaid.com>. In order to complete the EHR attestation process, all rendering providers will need their own access to the Portal. Groups will not be able to access the EHR Incentive Program attestation site on the Portal.

Once an individual has started the MAPIR application process with their Internet/portal account, they cannot switch to another account during that program year. MAPIR will allow the user to save the information entered and return later to complete an application; however, only the same individual's Internet/portal account will be permitted access to the application once it has been started.

Gather the necessary information to facilitate the completion of the required data.

MAPIR will request specific information when you begin the application process. To facilitate the completion of the application, it is recommended that you review the Indiana Medicaid EHR Incentive Program website (<https://www.in.gov/medicaid/providers/632.htm>) to understand what information will be required. At a minimum, you should have the following information available:

- Information submitted to the R&A
- Medicaid Patient Volume and associated timeframes
- The CMS EHR Certification ID that you obtained from the Office of the National Coordinator (ONC) Certified Health IT Product List (CHPL) Web site (<https://chpl.healthit.gov/>).

Using MAPIR

MAPIR uses a tab arrangement to guide you through the application. You must complete the tabs in the order presented. You can return to previous tabs to review the information or make modifications until you submit the application. You cannot proceed without completing the next tab in the application progression, with the exception of the Get Started and Review tabs which you can access anytime.

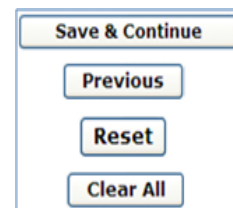
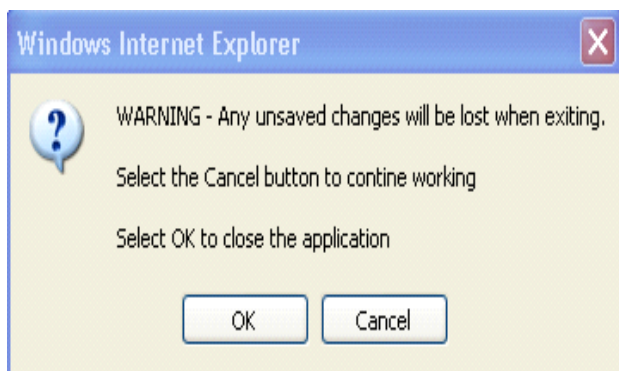
Once you submit your application, you can no longer modify the data. It will only be viewable through the Review tab. Also, the tab arrangement will change after submission to allow you to view status information.

As you proceed through the application process, you will see your identifying information such as Name, National Provider Identifier (NPI), Tax Identification Number (TIN), Payment Year, and Program year at the top of most screens. This is information provided by the R&A.

A **Print** link is displayed in the upper right-hand corner of most screens to allow you to print information entered. You can also use your Internet browser print function to print screen shots at any time within the application.

There is a **Contact Us** link with contact instructions should you have questions regarding MAPIR or the Medicaid Incentive Payment Program.

Most MAPIR screens display an **Exit** link that closes the MAPIR application window. If you modify any data in MAPIR without saving, you will be asked to confirm if the application should be closed (as shown to the right).



You should use the **Save & Continue** button on the screen before exiting or data entered on that screen will be lost.

The **Previous** button always displays the previous MAPIR application window without saving any changes to the application.

The **Reset** button will restore all unsaved data entry fields to their original values.


The **Clear All** button will remove standard activity selections for the screen in which you are working.

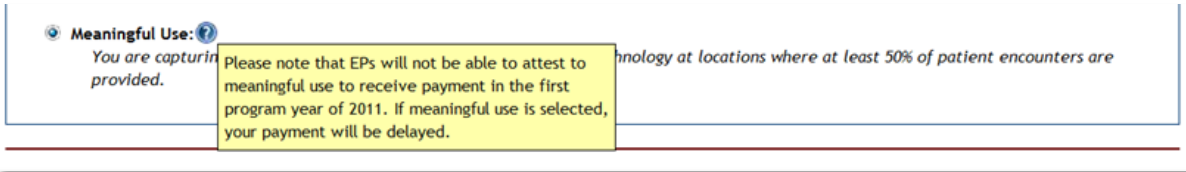
A (*) red asterisk indicates a required field. Help icons, located next to certain fields, display help content specific to the associated field when you hover the mouse over the icon.

Note

Use the MAPIR Navigation buttons in MAPIR to move to the next and previous screens. Do not use the browser buttons as this could result in unexpected results.

As you complete your incentive application you may receive validation messages requiring you to correct the data you entered. These messages will appear above the navigation button. See the Additional User Information section for more information.

Many MAPIR screens contain help icons to give the provider additional details about the information being requested. Moving your cursor over the  will reveal additional text providing more details.



Step 1 – Getting Started

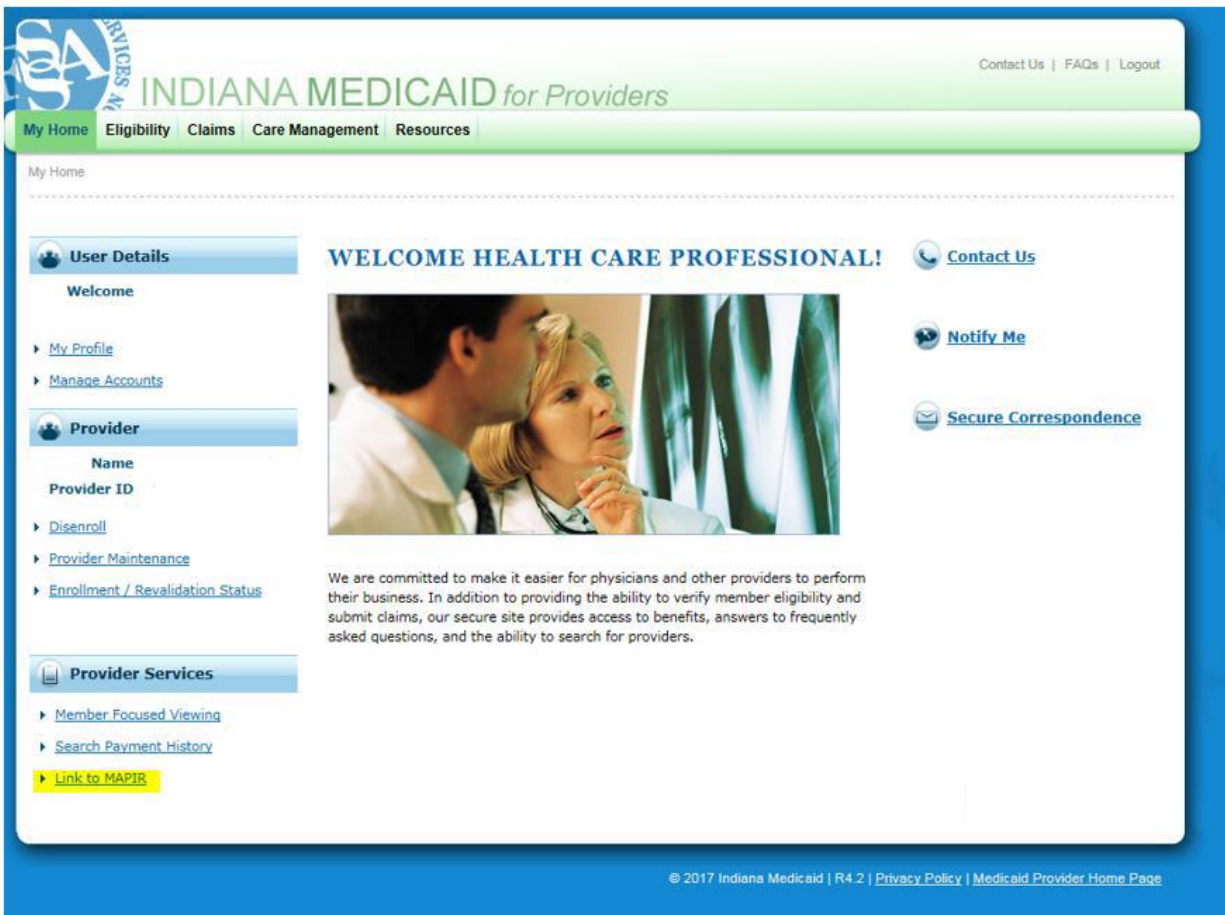
IHCP Provider Healthcare Portal Screen shots

The following screen shots are showing the information that the user needs to enter when starting the attestation process for the Indiana EHR Incentive Program.

Log in to the Portal site at <https://portal.indianamedicaid.com>



Choose *Link to MAPIR* located under the Provider Services menu on the left.



Note: Your view of this window may not be the same, but you must see the Link to MAPIR to continue.

Choose MAPIR Application.

My Home > MAPIR

Indiana EHR Incentive - MAPIR Back to My Home ?

Indiana EHR Incentive Program - Attestation System
Are you ready to attest now?

Are you ready to attest to meeting the requirements of the Indiana EHR Incentive Program today, and able to provide supporting documentation for verification purposes?

Before you start:

It may be helpful to have the information listed below before you begin answering the questions. You will not be able to save your information and return later.

- Information about your ONC-ATCB Certified EHR system including EHR certification number, vendor, product name, and version
- The exact location where incentive payments should be sent

Getting Started:

Please keep in mind that all questions pertain to the provider who will be attesting to the EHR system usage.

Provider Responsibilities:

All providers must sign and abide by the IHCP Provider Agreement. The provider agreement is legally binding for the entire program eligibility period. In addition, it is the provider's responsibility to ensure that his or her enrollment file information with the IHCP is current and to notify the IHCP of any changes within 10 business days of the effective date of the change.

The Centers for Medicare and Medicaid Services allows an eligible professional to designate a third party to register and attest on his or her behalf. To do so, users working on behalf of an eligible professional must have an Identity and Access Management System (I&A) web user account (User ID/Password), and be associated to the eligible professional's National Provider Identifier (NPI). The certification statement that corresponds with the federal National Provider Identifier (NPI) application, requires that providers inform the Enumerator of any changes to information provided within 30 days of the effective date of the change.

WARNING: Unauthorized access to the I&A is forbidden and will be prosecuted by law. By accessing the I&A, both authorized and unauthorized users are subject to monitoring by system personnel. Anyone using the I&A expressly consents to monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence of such monitoring to law enforcement officials.

NPI Provider Id

Verify that the above information accurately identifies your entity. Click MAPIR Application button to proceed to MAPIR.

MAPIR Application

If you have any questions, please contact DXC Technology EHR Customer Service at either:

(855) 856-9563
(317) 488-5137

The screen on the following page is the Medicaid EHR Incentive Program Participation Dashboard. This is the first screen you will access to begin the MAPIR application process.

This screen displays your incentive applications. The incentive applications that you are eligible to apply for are enabled. Your incentive applications that are in a Completed status are also enabled; however, you may only view these applications.

Note

For those incentive applications that are in a Denied status and display a **Reapply** button in the Available Actions column, the Eligible Professional (EP) must have current state eligibility on file with CMS to reapply.

The EP must update their registration at the following federal website:

<https://ehrincentives.cms.gov/hitech/login.action>

The *Stage* is automatically associated with a stage of Meaningful Use that is required by the current CMS rules, or by the rules that were in effect at the time when the application was submitted. This column displays the Stage and Attestation Phase attained by the current and previous applications. The Stage column will be blank for incentive applications in a Not Started status.

The Payee TIN link can be selected to view a status summary table of all providers associated with your Payee TIN.

MAPIR

Medicaid EHR Incentive Program Participation Dashboard

NPI

TIN

CCN

Payee TIN
XXXXXXXXXX
{instruction text here}

(*) Red asterisk indicates a required field.

*Application (Select to Continue)	Stage	Status	Payment Year	Program Year	Incentive Amount	Available Actions
<input type="radio"/>	Adoption	Completed	1	2015	\$21,250.00	Select the "Continue" button to view this application.
<input type="radio"/>	Stage 1 Meaningful Use 90 Days	Denied	2	2016	\$0.00	Select the "Continue" button to view this application
<input type="radio"/>	Stage 3 Meaningful Use 90 Days	Denied	2	2017	\$0.00	Select the "Continue" button to view this application
<input type="radio"/>	Stage 3 Meaningful Use 90 Days	Completed	2	2017	\$8,500.00	Select the "Continue" button to view this application.
<input type="radio"/>	Stage 3 Meaningful Use	Incomplete	3	2018	Unknown	Select the "Continue" button to process this application or click Abort to eliminate all progress.
<input type="radio"/>	Future	Future	4	Future	Unknown	None at this time
<input type="radio"/>	Future	Future	5	Future	Unknown	None at this time
<input type="radio"/>	Future	Future	6	Future	Unknown	None at this time

Continue

If you click on the Payee TIN link, a status summary table on the Payee TIN Application Report screen will display. The information in the status summary table is based upon recent incentive applications that share your Payee TIN.

The Most Recent Program Year, Most Recent Payment Year, Most Recent MU Stage, and Most Recent Application Status fields will be blank for those providers whose most recent incentive applications are:

- for Payment Year 1 with no existing application.
- for Payment Year 2 or higher with no existing application.

The information in the status summary table is read only and can be extracted into a CSV file by clicking the **Extract to CSV file** button.

Click the **Return to Dashboard** button to navigate back to the MAPIR Dashboard.

Payee TIN Application Report

Applicant Last Name	Applicant First Name	Applicant NPI	Most Recent Program Year	Most Recent Payment Year	Most Recent MU Stage	Most Recent Application Status
XXXXXXXX	XXXXXXXX		2011	1	1	Denied
XXXXXXXX	XXXXXXXX		2019	4	3	Incomplete
XXXXXXXX	XXXXXXXX		2013	1	1	Completed
XXXXXXXX	XXXXXXXX		2017	4	2	Submitted

[Return to Dashboard](#)[Extract To CSV file](#)

For further information on the Meaningful Use stages, please see the EP Manual on the Attestation tab for the associated program year.

If it is your first year participating (Payment Year 1), the Stage column will be blank. Once you have submitted the incentive application, the Stage column will display Adoption, Implementation, Upgrade, or Meaningful Use.

If it not your first year participating (Payment Year greater than 1), the Stage column will only display the Stage, not the Attestation Phase, until you submit the incentive application.

Note

MAPIR will only load and store Payment Years greater than 6.

The *Status* will vary, depending on your progress with the incentive application. The first time you access the system the status should be *Not Started*. From this screen you can choose to edit and view incentive applications in an Incomplete or Not Started status. You can only view incentive applications that are in a Completed, Denied, or Expired status.

Also, from this screen, you can choose to abort an incentive application that is in an *Incomplete* status. When you click **Abort** on an incentive application, all progress will be eliminated for the incentive application.

When an incentive application has completed the payment process, the status will change to *Completed*.

The screen on the following page displays an EP that is in the second year of Stage 1. The Attestation Phase is not displayed because the incentive application has not been submitted.

Select an application and click **Continue**.

Note

A state may allow a grace period which extends the specific Payment Year for a configured length of time. If two applications are showing for the same Payment Year, but different Program Years, one of your incentive applications is in the grace period. In this situation, the following message will display at the bottom of the screen.

You are in the grace period for program year <Year> which began on <Date> and ends on <Date>. The grace period extends the amount of time to submit an application for the previous program year. You have the option to choose the previous program year or the current program year.

You may only submit an application for one Program Year so once you select the application, the row for the application for the other Program Year will no longer display. If the incentive application is not completed by the end of the grace period, the status of the application will change to *Expired* and you will no longer have the option to submit the incentive application for that Program Year.

The R&A Not Registered or In Progress screen displays a status of *Not Registered at R&A* to indicate that you have not registered at the R&A, or the information provided during the R&A registration process does not match that on file with the state Medicaid Program. A Status of *Registration In Progress* indicates that you have initiated but not completed R&A registration changes. If you feel this status is not correct you can click the Contact Us link in the upper right for information on contacting the state Medicaid program office. A status of *Not Started* indicates that the R&A and state MMIS information have been matched and you can begin the application process.

The *Status* will vary, depending on your progress with the application. The first time you access the system the status should be *Not Started*.

For more information on statuses, refer to the Additional User Information section later in this guide.

You cannot begin an incentive application while a multi-year adjustment is pending. If a financial adjustment is in process for one or more program year incentive applications, you may be required to review and approve the adjustment. The Medicaid EHR Incentive Program Participation Dashboard will display the following message and button.

A financial adjustment is in process for one or more program year applications and may require your approval.
Please select **Review Adjustment** for further information.

For more information on reviewing an adjustment, please review the MAPIR – User Guide for EP Part 3, Review to Application Submission.

Enter the 15-character **CMS EHR Certification ID**.

Click **Next** to review your selection. Click **Reset** to restore this panel back to the starting point. Click **Exit** to exit MAPIR.

The system will perform an online validation of the CMS EHR Certification ID you entered.

Note

As of July 1, 2015, CMS retired the 2011 Edition CEHRT IDs. This means that If you were issued a 2011 Edition CEHRT ID you may now be using a system that has since then been retired from the Certified Health IT Product List (CHPL). If all the following apply to you, MAPIR will bypass the online validation of the CMS EHR Certification ID, allowing you to use your 2011 Edition CEHRT ID:

- Your Incentive application was started in MAPIR Release 5.5 or higher.
- Your incentive application has a Program Year 2011 through 2014.
- Your CEHRT ID entered is a 2011 Edition.

After Program Year 2014, MAPIR will no longer bypass the online validation described above.

In the 2017 Program Year, you will need to attest to Modified Stage 2 or Stage 3 Meaningful Use for a 2014 or 2015 Edition CEHRT. In Program Year 2019 and subsequent program years, you will attest to Stage 3 only.

A CMS EHR Certification ID can be obtained from the Office of the National Coordinator (ONC) Certified Health IT Product List (CHPL) website (<https://chpl.healthit.gov/>)

Payment Year

Program Year

MAPIR

Name:

Applicant NPI:

Status: **Not Started**

If you are attesting to a Meaningful Use option that is different from what you were scheduled for, you will be required to supply one or more delay reasons on the next screen.

Note: If you are attesting to Adopt, Implement, or Upgrade, you must be adopting, implementing, or upgrading to a 2014 certified edition. If you are attesting to Meaningful Use, please enter the certification number you had during your EHR reporting period.

The EHR Incentive Payment Program requires the use of technology certified for this program. Please enter the CMS EHR Certification ID that you have obtained from the ONC Certified Health IT Product List (CHPL) website. Click [here](#) to access the CHPL website. You must enter a valid certification number.

Click the **Exit** button to terminate your session. When ready click the **Next** button to continue.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

* Please enter the 15 character CMS EHR Certification ID for the Complete EHR System:

0015E4VVH9CFP6M

(No dashes or spaces should be entered.)

Exit
Reset
Next

This screen confirms you successfully entered your **CMS EHR Certification ID**.

Click **Next** to continue or click **Previous** to go back.

Payment Year	Program Year
<div>MAPIR</div>	
<p>Name:</p> <p>Applicant NPI:</p> <p>Status: Not Started</p>	
<p>We have confirmed that you have entered a valid CMS EHR Certification ID. Click here for additional information regarding the Certified Health IT Product List (CHPL).</p> <p>When ready click the Next button to continue, or click Previous to go back.</p>	
<p>CMS EHR Certification ID: 0015E4VVH9CFP6M</p>	
<p>Previous Next</p>	

Note

MAPIR will no longer display options for Stage 2 attestation for Program Year 2019 or higher incentive applications. Stage 3 attestation is required

Click **Get Started** to access the Get Started screen or **Exit** to close the program.

If you click **Exit** or close the browser prior to clicking the **Get Started** button, you will lose the data you entered on the previous screens.

Payment Year Program Year

MAPIR

Name:

Applicant NPI:

Status: Not Started

IMPORTANT:

begin include file

The MAPIR application **must** be completed by the **actual** Provider or by an authorized preparer. In some cases, a provider may have more than one Internet/Portal account available for use. Once the MAPIR application has been started, it must be completed by the same Internet/Portal account.

To access MAPIR to apply for Medicaid EHR Incentive Payment Program under a different Internet/Portal account, select **Exit** and log on with that account.

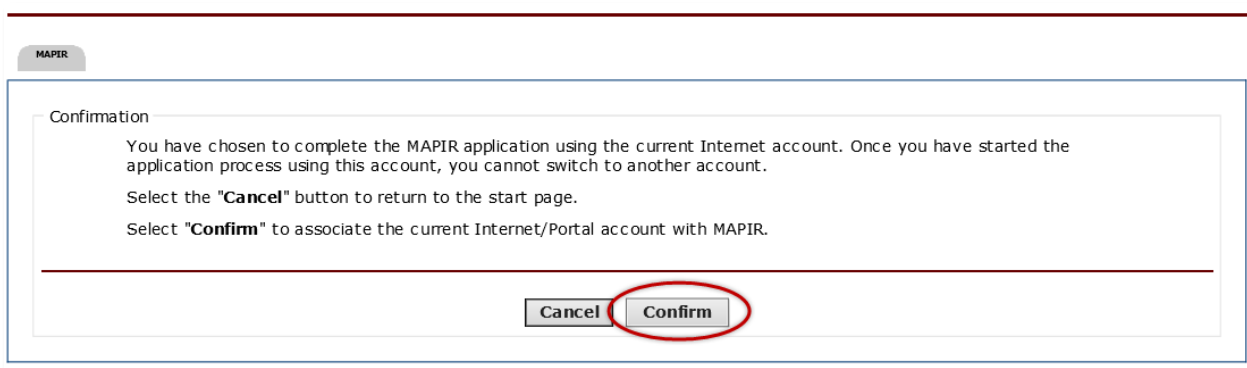
To access MAPIR using the current account, select **Get Started**. All applications for previous years will be re-associated with the current account and the previous user account will lose access to these applications.

end include file

Exit Get Started

If you selected an incentive application that you are not associated with, you will receive a message indicating a different Internet/Portal account has already started the Medicaid EHR Incentive Payment Program application process and that the same Internet/Portal account must be used to access the application for this Provider ID. If you are the new user for the provider and want to access the previous applications, you will need to contact the Indiana Health Coverage Programs (IHCP) for assistance.

Click **Confirm** to associate the current Internet/Portal account with this incentive application.



MAPIR

Confirmation

You have chosen to complete the MAPIR application using the current Internet account. Once you have started the application process using this account, you cannot switch to another account.

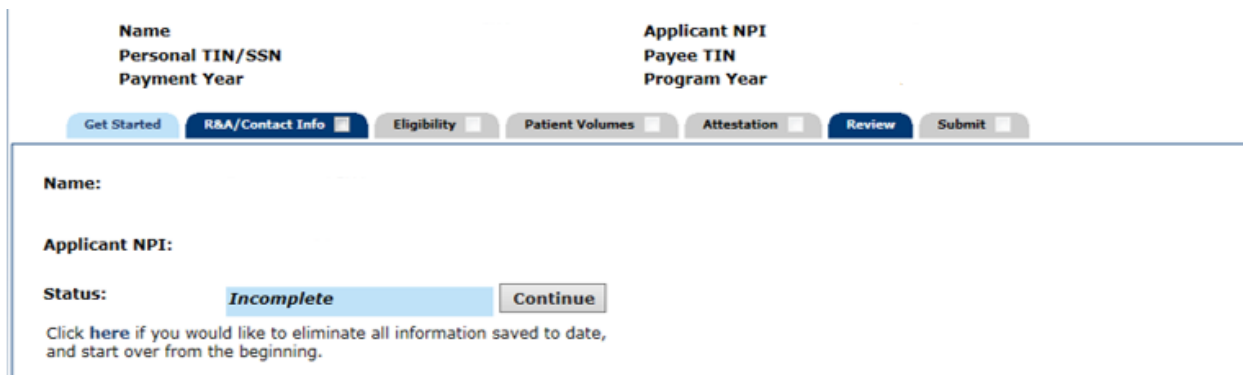
Select the "**Cancel**" button to return to the start page.

Select "**Confirm**" to associate the current Internet/Portal account with MAPIR.

Cancel Confirm

The *Get Started* screen contains information that includes your *Name* and *Applicant NPI*. Also included is the current status of your incentive application.

Click **Continue** to proceed to the R&A/Contact Info section.



Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

Name:

Applicant NPI:

Status: **Incomplete** Continue

Click [here](#) if you would like to eliminate all information saved to date, and start over from the beginning.

Step 2 – Confirm R&A and Contact Info

When you completed the R&A registration, your registration information was sent to the state Medicaid program. This section will ask you to confirm the information sent by the R&A and matched with the state Medicaid program information. It is important to review this information carefully. The R&A information can only be changed at the R&A but Contact Information can be changed at any time prior to application submission.

The initial *R&A/Contact Info* screen contains information about this section.

Click **Begin** to access the R&A/Contact Info screen to confirm information and to enter your contact information.

The screenshot displays a web interface for the R&A/Contact Info section. At the top, there are two columns of labels: 'Name' and 'Applicant NPI' on the left, and 'Personal TIN/SSN' and 'Payee TIN' on the right. Below these labels are input fields for 'Payment Year' and 'Program Year'. A horizontal navigation bar contains several buttons: 'Get Started' (dark blue), 'R&A/Contact Info' (light blue, currently selected), 'Eligibility' (grey), 'Patient Volumes' (grey), 'Attestation' (grey), 'Review' (dark blue), and 'Submit' (grey). Below the navigation bar is a large white rectangular area. In the center of this area is a blue button labeled 'Begin', which is circled in red.

See the Using MAPIR section of this guide for information on using the **Print**, **Contact Us**, and **Exit** links.

Check your information carefully to ensure all of it is accurate.

Compare the R&A Registration ID you received when you registered with the R&A with the **R&A Registration ID** that is displayed.

After reviewing the information click **Yes** or **No**.

Click **Save & Continue** to review your selection or click **Previous** to go back.

Click **Reset** to restore this panel back to the starting point or last saved data. The **Reset** button will not reset the R&A information. If the R&A information is incorrect, you will need to return to the R&A website to correct it.

Name

Personal TIN/SSN

Payment Year

Applicant NPI

Payee TIN

Program Year

Get Started

R&A/Contact Info

Eligibility

Patient Volumes

Attestation

Review

Submit

R&A Verification

We have received the following information for your NPI from the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A). Please specify if the information is accurate by selecting Yes or No to the question below.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.

Click **Reset** to restore this panel back to the starting point.

Name

Dr. Medic aid

Applicant NPI

999999999

Personal TIN/SSN

999999999

Payee TIN

999999999

Payee NPI

999999999

Business Address

123 Main Street

Hometown,TX 99999-9999

Business Phone

999-999-9999

Incentive Program

MEDICAID

State

PA

Eligible Professional Type

Physician

R&A Registration ID

9999999999

R&A Registration Email Address

professional@professional.com

CMS EHR Certification Number

(*) Red asterisk indicates a required field.

* Is this information accurate? ☐ Yes ☐ No

Previous

Reset

Save & Continue

Enter the required contact information.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel back to the starting point or last saved data.

Name

Personal TIN/SSN

Payment Year

Applicant NPI

Payee TIN

Program Year

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Contact Information

Please enter your contact information. All email correspondence will go to the primary contact email address entered below. The email address, if any, entered at the R&A will be used as a secondary email address. If an email address was entered at the R&A, all email correspondence will go to both email addresses.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel back to the starting point.

(*) Red asterisk indicates a required field.

Primary Contact

<p>* First Name <input type="text" value="Dr. Medicaid Provider"/></p> <p>* Phone <input type="text" value="999"/> - <input type="text" value="999"/> - <input type="text" value="9999"/></p> <p>* Email Address <input type="text" value="Provider@email.com"/></p> <p>* Department <input type="text" value="Healthcare"/></p> <p>* Address Line 1 <input type="text" value="1234 waters edge dr"/></p> <p>Address Line 2 <input type="text"/></p> <p>* City <input type="text" value="raleigh"/></p> <p>* State <input type="text" value="Nebraska"/></p> <p>* Zip Code <input type="text" value="27607"/></p>	<p>* Last Name <input type="text" value="Provider"/></p> <p>Phone Extension <input type="text"/></p> <p>* Verify Email <input type="text" value="Provider@email.com"/></p>
--	---

Alternate Contact

<p>First Name <input type="text"/></p> <p>Phone <input type="text"/> - <input type="text"/> - <input type="text"/></p> <p>Email Address <input type="text"/></p>	<p>Last Name <input type="text"/></p> <p>Phone Extension <input type="text"/></p> <p>Verify Email <input type="text"/></p>
---	---

Previous
Reset
Save & Continue

This screen confirms you successfully completed the *R&A/Contact Info* section.

Note the check box located in the *R&A/Contact Info* tab. You can return to this section to update the Contact Information at any time prior to submitting your application.

Click **Continue** to proceed to the Eligibility section.



The screenshot shows the MAPIR application interface. At the top, there are two columns of labels: 'Name', 'Personal TIN/SSN', and 'Payment Year' on the left; 'Applicant NPI', 'Payee TIN', and 'Program Year' on the right. Below these labels is a horizontal row of tabs: 'Get Started', 'R&A/Contact Info' (which is highlighted in blue and has a small checkmark icon), 'Eligibility', 'Patient Volumes', 'Attestation', 'Review', and 'Submit'. A red arrow points to the checkmark icon on the 'R&A/Contact Info' tab. Below the tabs is a large white box with a blue border. Inside this box, on the left, is a large green circular icon with a white checkmark. To the right of the icon, the text reads: 'You have now completed the **R&A/Contact Information** section of the application. You may revisit the section at any time to make the corrections until such time as you actually **Submit** the application. The **Eligibility** section of the application is now available. Before submitting your application, please review the information that you have provided in this section, and all previous sections.' At the bottom center of this box is a button labeled 'Continue', which is circled in red.

Step 3 – Eligibility

The Eligibility section will ask questions to allow the state Medicaid program to make a determination regarding your eligibility for the Medicaid EHR Incentive Payment Program. You will also enter your required CMS EHR Certification ID.

The initial *Eligibility* screen contains information about this section.

Click **Begin** to proceed to the Eligibility Questions (Part 1 of 3).

Select **Yes** or **No** to the eligibility questions.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel back to the starting point or the last saved data.

This screen will ask questions to determine your eligibility for the EHR Medicaid Incentive Payment Program. Please select your provider type from the list and answer the questions.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or the last saved data.

Name

Personal TIN/SSN

Payment Year

Applicant NPI

Payee TIN

Program Year

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Professional Eligibility Questions 2 (Part 2 of 2)

Please answer the following questions to determine your eligibility for the EHR Medicaid Incentive Payment Program.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

*What type of provider are you? *(select one)* ?

☒ Physician
☐ Dentist
☐ Certified Nurse-Midwife
☐ Pediatrician
☐ Nurse Practitioner
☐ Physician Assistants practicing within an FQHC or RHC that is so led by a Physician Assistant

*Do you have any current sanctions or pending sanctions with Medicare or Medicaid in any state? ?

☐ Yes ☒ No

*Are you currently in compliance with all parts of the HIPAA regulations? ?

☒ Yes ☐ No

*Are you licensed in all states in which you practice? ?

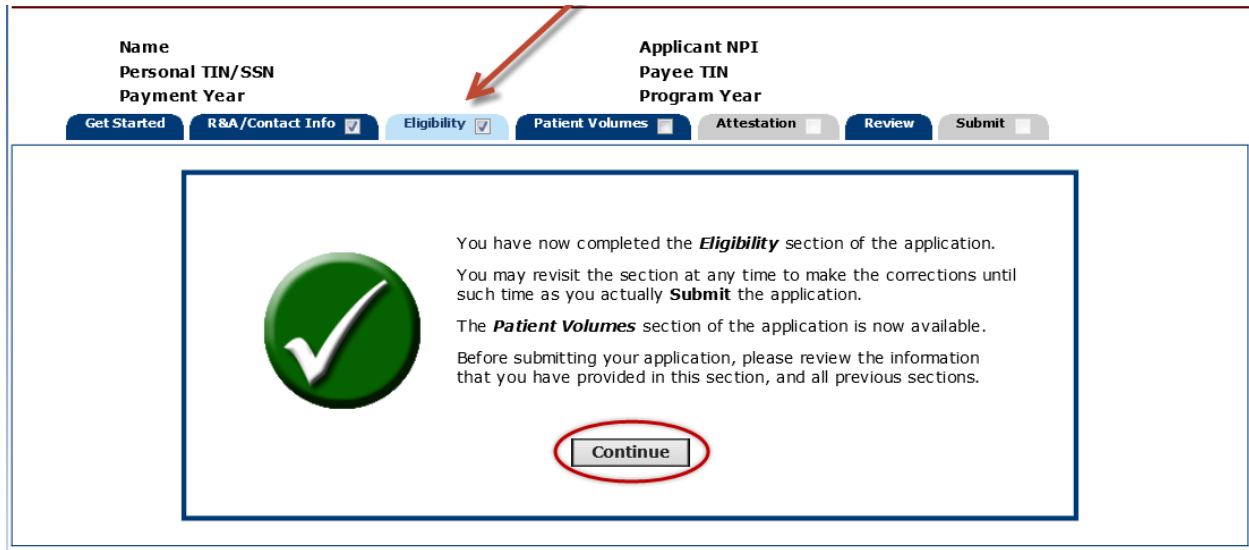
☒ Yes ☐ No

Previous
Reset
Save & Continue

This screen confirms you successfully completed the *Eligibility* section.

Note the check box in the *Eligibility* tab.

Click **Continue** to proceed to the Patient Volumes section.



The screenshot displays the MAPIR application interface. At the top, there are two columns of input fields: "Name", "Personal TIN/SSN", and "Payment Year" on the left; "Applicant NPI", "Payee TIN", and "Program Year" on the right. Below these fields is a horizontal navigation bar with tabs: "Get Started", "R&A/Contact Info", "Eligibility", "Patient Volumes", "Attestation", "Review", and "Submit". The "Eligibility" tab is highlighted in blue and contains a checked checkbox. A red arrow points to this checkbox. Below the navigation bar is a large white box with a blue border. Inside this box, on the left, is a green circular icon with a white checkmark. To the right of the icon, the text reads: "You have now completed the *Eligibility* section of the application. You may revisit the section at any time to make the corrections until such time as you actually **Submit** the application. The *Patient Volumes* section of the application is now available. Before submitting your application, please review the information that you have provided in this section, and all previous sections." At the bottom center of this box is a button labeled "Continue", which is circled in red.

Step 4 – Patient Volumes

The Patient Volumes section gathers information about your practice type, practice locations, the 90 day period you intend to use for reporting the patient volumes, and the patient volumes themselves. Additionally, you will be asked about how you utilize your certified EHR technology.

There are three parts to Patient Volumes:

- Part 1 of 3 contains two questions which will determine the method you use for entering patient volumes in Part 3 of 3.
- Part 2 of 3 establishes the 90 day period for reporting patient volumes.
- Part 3 of 3 contains screens to add new locations for reporting *Medicaid Patient Volumes*, selecting at least one location for *Utilizing Certified EHR Technology*, and entering patient volumes for the chosen reporting period.


The initial *Patient Volumes* screen contains information about this section.

Click Begin to proceed to the Patient Volume Practice Type (Part 1 of 3) screen.

The screenshot shows a web interface for the Patient Volumes section. At the top, there are labels for 'Name', 'Applicant NPI', 'Personal TIN/SSN', 'Payee TIN', and 'Payment Year', 'Program Year'. Below these labels is a horizontal navigation bar with buttons: 'Get Started', 'R&A/Contact Info' (with a checkmark), 'Eligibility' (with a checkmark), 'Patient Volumes' (highlighted in blue), 'Attestation', 'Review', and 'Submit'. Below the navigation bar is a large white box containing a 'Begin' button, which is circled in red.

Patient Volume Practice Type (Part 1 of 3)

Patient Volume Practice Type (Part 1 of 3) contains two questions about your practice type to determine the appropriate method for collecting patient volume information.

Select the appropriate answers using the buttons. Move your cursor over the  to access additional information.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or the last saved data.

Name

Personal TIN/SSN


Payment Year


Applicant NPI


Payee TIN


Program Year

Get Started


R&A/Contact Info 

Eligibility 

Patient Volumes 

Attestation 

Review

Submit 

Patient Volume Practice Type (Part 1 of 3)

Please answer the following questions so that we can determine the appropriate method for collecting patient volumes.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

*Do you practice predominantly at an FQHC/RHC (over 50% of your total patient encounters occur over a 6 month period in an FQHC/RHC)?

☒ Yes ☐ No



*Please indicate if you are submitting volumes for:
(Select one)

☒ Individual Practitioner
☐ Group/Clinic
☐ Practitioner Panel





Previous

Reset

Save & Continue

Saved 14-February-2020

MAPIR_User_Guide_for_EP_Part_1_V1.0 (MAPIR Release 6.2).docx

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Patient Volume 90 Day Period (Part 2 of 3)

For all practice types MAPIR will ask you to enter the start date of the 90-day patient volume reporting period in which you will demonstrate the required Medicaid patient volume participation level.

Select if you would like your 90-day patient volume reporting period to be from either the **Calendar Year Preceding the Payment Year** or the **12 Months Preceding Attestation Date**.

Enter a Start Date or select one from the calendar icon located to the right of the **Start Date** field.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or the last saved data.

The “Click Here” link may be selected to view a more in-depth definition for Patient Volume Reporting Period.

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

Get Started

R&A/Contact Info

Eligibility

Patient Volumes

Attestation

Review

Submit

Patient Volume 90 Day Period (Part 2 of 3)

Click [HERE](#) to review Patient Volume Reporting Period Options.

The continuous 90 day volume reporting period may be from either the calendar year preceding the payment year or the 12 months before the attestation date. Select either previous calendar year or previous 12 months, then enter the **Start Date** of your continuous 90 day period.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

*Please select one of the following two options. For information on these two options, please use the click here link.

☒ Calendar Year Preceding Program Year

☐ 12 Months Preceding Attestation Date

***Start Date:**

mm/dd/yyyy

Please Note: The **Start Date** must fall within the period that is applicable to your selected volume period.

Previous

Reset

Save & Continue

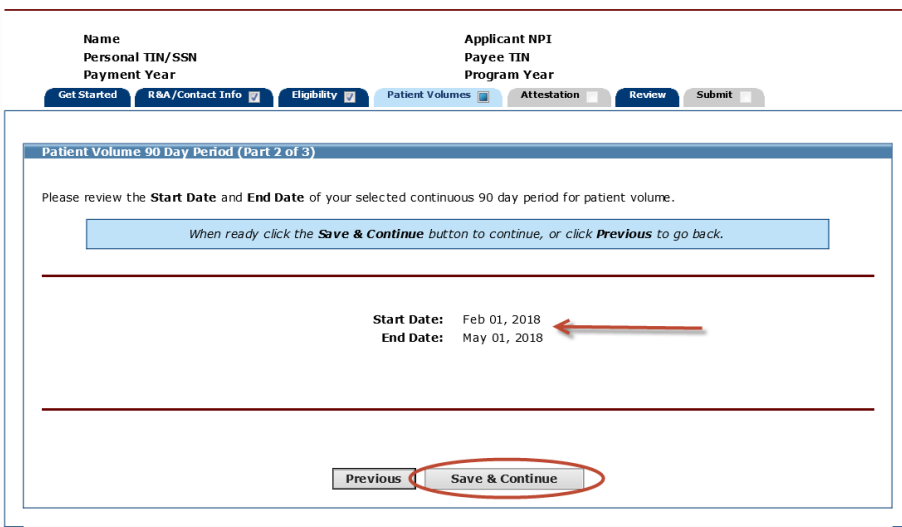
Saved 14-February-2020

MAPIR_User_Guide_for_EP_Part_1_V1.0 (MAPIR Release 6.2).docx

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Review the *Start Date* and *End Date* information. The 90 Day *End Date* has been calculated for you.

Click **Save & Continue** to continue or click **Previous** to go back.



Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

Patient Volume 90 Day Period (Part 2 of 3)

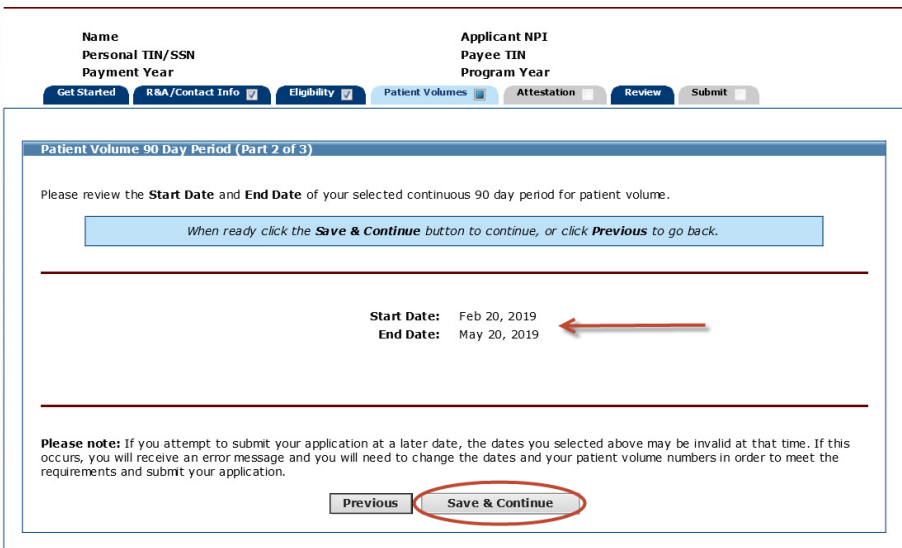
Please review the **Start Date** and **End Date** of your selected continuous 90 day period for patient volume.

When ready click the **Save & Continue** button to continue, or click **Previous** to go back.

Start Date: Feb 01, 2018
End Date: May 01, 2018

Previous Save & Continue

Figure 0-1: Screen for Calendar Year Preceding Payment Year



Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

Patient Volume 90 Day Period (Part 2 of 3)

Please review the **Start Date** and **End Date** of your selected continuous 90 day period for patient volume.

When ready click the **Save & Continue** button to continue, or click **Previous** to go back.

Start Date: Feb 20, 2019
End Date: May 20, 2019

Please note: If you attempt to submit your application at a later date, the dates you selected above may be invalid at that time. If this occurs, you will receive an error message and you will need to change the dates and your patient volume numbers in order to meet the requirements and submit your application.

Previous Save & Continue

Figure 0-2: Screen for 12 Months Preceding Attestation Date

Patient Volume (Part 3 of 3)

To meet the requirements of the Medicaid EHR Incentive Program you must provide information about your patient volumes. The information will be used to determine your eligibility for the incentive program. The responses to the questions for Practice Type (Part 1 of 3) on the first Patient Volume screen determine the questions you will be asked to complete, and the information required. The information is summarized below:

1. Practice locations – MAPIR will present a list of practice locations that the state Medicaid program office has on record. If you have additional practice locations, you have the option to add them. When all locations are added, you will enter the required information for all your practice locations.
2. Utilizing Certified EHR Technology – You must select the practice locations where you are utilizing certified EHR technology. At least one practice location must be selected.
3. Patient volume – You are required to enter the information for the patient volume 90 day period you entered.

Depending on your practice type you will be asked for different information related to patient volumes. Not all information you enter will be used in the patient volume percentage calculation. Information not used will be reviewed by the state Medicaid program to assist with determining your eligibility. The specific formula for each practice type percentage calculation is listed within the section for that practice type.

The table below directs you to the page number in this guide to provide details for completing this section.

Practice Type	Page No.
Individual	CLICK HERE
Practitioner Panel (Individual and FQHC/RHC*)	CLICK HERE
Group	CLICK HERE
FQHC/RHC* Individual	CLICK HERE
FQHC/RHC* Group	CLICK HERE

* Federally Qualified Health Center/Rural Health Clinic

Patient Volume – Individual

The following pages will show you how to apply for the EHR Incentive program as an Individual provider. If you are not applying as an Individual provider, refer to the table on page 34 for more information about your practice type.

Practice locations – MAPIR will present a list of locations that the state Medicaid program office has on record. If you have additional locations, you can add them. Once all locations are added, you will enter the required Patient Volume information.

Add new locations by clicking **Add Location**.

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Patient Volume - Individual (Part 3 of 3)

CO has the following information on the locations in which you practice.

Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

You must select at least one location for meeting patient volumes and at least one location for utilizing certified EHR technology.

When ready click the **Save & Continue** button to review your selection, click **Previous** to go back or click **Refresh** to update the list below. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	99999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	

Add Location
Refresh

Previous
Reset
Save & Continue

If you clicked **Add Location** on the previous screen, you will see the following screen.

Enter the requested practice location information.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or the last saved data.

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Patient Volume - Individual (Part 3 of 3)

Please provide the information requested below to add a location to MAPIR *(for this Payment Incentive Application use only)*

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

*Location Name:
New Location

*Address Line 1:
123 Main Street

Address Line 2:

Address Line 3:

*City:
Anytown

*State:
Alabama

*Zip (5+4):
12345 -

Previous
Reset
Save & Continue

For each location, check whether you will report **Medicaid Patient Volumes** and whether you plan to **Utilize Certified EHR Technology**. You must select at least one location for meeting patient requirements and at least one location for utilizing certified EHR technology.

Note

For every location listed on this screen, even if you did not select it as a location to meet patient requirements (**Medicaid Patient Volume** column), you must indicate if you are using certified EHR technology at this location by selecting Yes or No in the **Utilizing Certified EHR Technology** column.

Click **Edit** to make changes to the added location or **Delete** to remove it from the list.

Note

The **Edit** and **Delete** options are not available for locations already on file.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

Get Started
R&A/Contact Info ☒
Eligibility ☒
Patient Volumes ☒
Attestation ☐
Review
Submit

Patient Volume - Individual (Part 3 of 3)

CO has the following information on the locations in which you practice.

Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

You must select at least one location for meeting patient volumes and at least one location for utilizing certified EHR technology.

When ready click the **Save & Continue** button to review your selection, click **Previous** to go back or click **Refresh** to update the list below. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	99999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	N/A	New Location	123 Main Street Anytown, AL 12345	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Click **Begin** to proceed to the screens where you will enter patient volumes.

Medicaid Patient Volume Percentage Formula - Individual

(Medicaid Encounter Volume / Total Encounter Volume)

Enter patient volumes for each location listed on the screen.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.

Patient Volume - Individual (Part 3 of 3)

Please enter **patient volumes** where indicated. **You must enter volumes in all fields below. If volumes do not apply, enter zero.**

An Encounter is defined as any services that were rendered on any one day to an individual enrolled in an eligible Medicaid program.

When ready click the **Save & Continue** button to review your selection or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point

(*) Red asterisk indicates a required field.

Provider Id	Location Name	Address	Medicaid Only Encounter Volume (In State Numerator)	Medicaid Encounter Volume (Total Numerator)	Total Encounter Volume (Denominator)
999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	800	1000	3300
N/A	New Location	123 Main Street Anytown, AL 12345	400	500	1500

Previous **Reset** **Save & Continue**

This screen displays the locations where you are utilizing certified EHR technology, patient volumes you entered, all values summarized, and the Medicaid Patient Volume Percentage.

Review the information for accuracy.

Note the **Total %** patient volume field. This percentage must be greater than or equal to 30% to meet the Medicaid patient volume requirement. For Pediatricians the percentage must be greater than or equal to 20% to meet the Medicaid patient volume requirement.

Click **Save & Continue** to proceed or **Previous** to go back.

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

Get Started
R&A/Contact Info ☒
Eligibility ☒
Patient Volumes ☒
Attestation ☐
Review
Submit

Patient Volume - Individual (Part 3 of 3)

The patient volumes and certified EHR technology site usage selections you entered are depicted below. Please review the current information to verify what you have entered is correct.

When ready click the **Save & Continue** button to continue, or click **Previous** to go back.

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address	Encounter Volumes	%
Yes	999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	Medicaid Only In State: 800 Total Medicaid: 1000 Denominator: 3300	30%
Yes	N/A	New Location	123 Main Street Anytown, AL 12345	Medicaid Only In State: 400 Total Medicaid: 500 Denominator: 1500	33%

Sum Medicaid Only In State Encounter Volume (Numerator)	Sum Medicaid Encounter Volume (Numerator)	Total Encounter (Denominator)	Total %
1200	1500	4800	31%

Previous
Save & Continue

Patient Volume – Practitioner Panel (Individual & FQHC/RHC)

The following pages will show you how to apply for the EHR Incentive program as an Individual Practitioner Panel or FQHC/RHC Practitioner Panel provider. If you are not applying as either practice type, refer to the table on page 34 for more information.

Practice locations – MAPIR will present a list of locations that the state Medicaid program office has on record. If you have additional locations, you will be given the opportunity to add them. Once all locations are added, you will enter the required Patient Volume information.

Review the listed locations. Add new locations by clicking **Add Location**.

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Patient Volume - FQHC/RHC Practitioner Panel (Part 3 of 3)

CO has the following information on the locations in which you practice.

Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

You must select at least one location for meeting patient volumes and at least one location for utilizing certified EHR technology.

When ready click the **Save & Continue** button to review your selection, click **Previous** to go back or click **Refresh** to update the list below. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	

Add Location
Refresh

Previous
Reset
Save & Continue

If you clicked **Add Location** on the previous screen, you will see the following screen.

Enter the requested practice location information.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.

Name

Personal TIN/SSN

Payment Year

Applicant NPI

Payee TIN

Program Year

Get Started
R&A/Contact Info ☒
Eligibility ☒
Patient Volumes ☒
Attestation ☐
Review
Submit ☐

Patient Volume - Practitioner Panel (Part 3 of 3)

Please provide the information requested below to add a location to MAPIR *(for this Payment Incentive Application use only)*

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

*Location Name: ?

*Address Line 1: ?

Address Line 2:

Address Line 3:

*City:

*State: ▼

*Zip (5+4): -

Previous
Reset
Save & Continue

For each location, check whether you will report **Medicaid Patient Volumes** and whether you plan to **Utilize Certified EHR Technology**. You must select at least one location for meeting patient requirements and at least one location for utilizing certified EHR technology.

Note

For every location listed on this screen, even if you did not select it as a location to meet patient requirements (**Medicaid Patient Volume** column), you must indicate if you are using certified EHR technology at this location by selecting Yes or No in the **Utilizing Certified EHR Technology** column.

Click **Edit** to make changes to the added location or **Delete** to remove it from the list.

Note

The **Edit** and **Delete** options are not available for locations already on file.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

Get Started
R&A/Contact Info ☒
Eligibility ☒
Patient Volumes ☒
Attestation ☐
Review
Submit

Patient Volume - FQHC/RHC Practitioner Panel (Part 3 of 3)

CO has the following information on the locations in which you practice.

Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

You must select at least one location for meeting patient volumes and at least one location for utilizing certified EHR technology.

When ready click the **Save & Continue** button to review your selection, click **Previous** to go back or click **Refresh** to update the list below. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	9999999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	N/A	New Location	123 Main Street Anytown, AL 12345	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Click **Begin** to proceed to the screens where you will enter patient volumes.

Name		Applicant NPI	
Personal TIN/SSN		Payee TIN	
Payment Year		Program Year	
Get Started	R&A/Contact Info <input checked="" type="checkbox"/>	Eligibility <input checked="" type="checkbox"/>	Patient Volumes <input checked="" type="checkbox"/>
Attestation <input type="checkbox"/>		Review <input type="checkbox"/>	
Submit <input type="checkbox"/>			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Begin </div>			

Medicaid Patient Volume Percentage Formula - Practitioner Panel

(Total Medicaid Patients on the Practitioner Panel + Unduplicated Medicaid Only Encounter Volume)

Divided by

(Total Patient Panel Encounters + Total Unduplicated Encounter Volume)

Enter patient volumes for each location listed in the screen.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Patient Volume - FQHC/RHC Practitioner Panel (Part 3 of 3)

Please enter **patient volumes** where indicated. You must enter volumes in all fields below. If volumes do not apply, enter zero.

When ready click the **Save & Continue** button to review your selection or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point

(1) The total Medicaid patients assigned to the EP's panel in any 90-day period in either the calendar year preceding the payment year or the 12 months before the attestation date, with at least one encounter taking place during the prior 24 months before the start date of the 90-day period.
(2) Unduplicated Medicaid encounters in the same 90-day period.
(3) The total patients assigned to the provider in that same 90-day period with at least one encounter taking place during the prior 24 months before the start date of the 90-day period.
(4) All unduplicated encounters in the same 90-day period.

(*) Red asterisk indicates a required field.

• Practitioner Panel <*Please select where you practice predominantly:>

☒ FQHC
☐ RHC

Provider Id	Location Name	Address	Total Needy Individuals on the Practitioner Panel 1 (Numerator)	Unduplicated Needy Individuals Only Encounter Volume 2 (Numerator)	Total Patients on Practitioner Panel 3 (Denominator)	Total Unduplicated Encounter Volume 4 (Denominator)
999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	* 100	* 400	* 100	* 800
N/A	New Location	123 Main Street Anytown, AL 12345	* 135	* 100	* 145	* 800

Previous
Reset
Save & Continue

This screen displays where you practice predominantly (FQHC or RHC), the locations you are utilizing certified EHR technology, patient volumes you entered, all values summarized, and the Medicaid Patient Volume Percentage.

Review the information for accuracy.

Note the **Total %** patient volume field. This percentage must be greater than or equal to 30% to meet the Medicaid patient volume requirement. For Pediatricians the percentage must be greater than or equal to 20% to meet the Medicaid patient volume requirement.

Click **Save & Continue** to proceed or click **Previous** to go back.

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

Get Started

R&A/Contact Info ☒

Eligibility ☒

Patient Volumes ☒

Attestation ☐

Review

Submit ☐

Patient Volume - FQHC/RHC Practitioner Panel (Part 3 of 3)

Current **patient volumes** totals are depicted below. Please review the current totals to verify that the information you entered is correct.

When ready click the **Save & Continue** button to continue, or click **Previous** to go back.

• Practitioner Panel < *Please select where you practice predominantly: > FQHC

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address	Encounter Volumes	%
Yes	9999999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	<i>Total Needy on Panel:</i> 100 <i>Unduplicated Needy Encounters:</i> 400 <i>Total Patients on Panel:</i> 100 <i>Total Unduplicated Encounters:</i> 800	56%
Yes	N/A	New Location	123 Main Street Anytown, AL 12345	<i>Total Needy on Panel:</i> 135 <i>Unduplicated Needy Encounters:</i> 100 <i>Total Patients on Panel:</i> 145 <i>Total Unduplicated Encounters:</i> 800	25%

Sum Total Needy Individuals on the Practitioner Panel	Sum Unduplicated Needy Individuals Only Encounter Volume	Sum Total Patients on Practitioner Panel	Sum Total Unduplicated Encounter Volumes	Total %
235	500	245	1600	40%

Previous

Save & Continue

Patient Volume – Group

The following pages will show you how to apply for the EHR Incentive program as a Group provider. If you are not applying as a Group provider, refer to the table on page 34 for more information.

Practice locations – MAPIR will present a list of locations that the state Medicaid program office has on record. If you have additional locations, you will be given the opportunity to add them. Once all locations are added, you will enter the required Patient Volume information.

Review the listed locations. Add new locations by clicking **Add Location**.

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Patient Volume - Group (Part 3 of 3)

CO has the following information on the locations in which you practice.

Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

You must select at least one location for meeting patient volumes and at least one location for utilizing certified EHR technology.

When ready click the **Save & Continue** button to review your selection, click **Previous** to go back or click **Refresh** to update the list below. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input type="radio"/> Yes <input type="radio"/> No	9999999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	

Add Location
Refresh

Previous
Reset
Save & Continue

If you clicked **Add Location** on the previous screen, you will see the following screen.

Enter the requested practice location information.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

Get Started

R&A/Contact Info ☒

Eligibility ☒

Patient Volumes ☒

Attestation ☐

Review

Submit ☐

Patient Volume - Group (Part 3 of 3)

Please provide the information requested below to add a location to MAPIR *(for this Payment Incentive Application use only)*

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

*Location Name:

New Location

?

*Address Line 1:

123 Main Street

?

Address Line 2:

Address Line 3:

*City:

Anytown

*State:

Alabama

▼

*Zip (5+4):

12345

-

Previous

Reset

Save & Continue

For each location check whether you are **Utilizing Certified EHR Technology**.

Note

You must indicate if you are using certified EHR technology at every location listed on this screen by selecting Yes or No in the **Utilizing Certified EHR Technology** column.

Click **Edit** to make changes to the added location or **Delete** to remove it from the list.

Note

The **Edit** and **Delete** options are not available for locations already on file.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Patient Volume - Group (Part 3 of 3)

CO has the following information on the locations in which you practice.

Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

You must select at least one location for meeting patient volumes and at least one location for utilizing certified EHR technology.

When ready click the **Save & Continue** button to review your selection, click **Previous** to go back or click **Refresh** to update the list below. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input checked="" type="radio"/> Yes <input type="radio"/> No	999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	
<input checked="" type="radio"/> Yes <input type="radio"/> No	N/A	New Location	123 Main Street Anytown, AL 12345	Edit Delete

Add Location
Refresh

Previous
Reset
Save & Continue

Click **Begin** to proceed to the screens where you will enter patient volumes.

Name			Applicant NPI		
Personal TIN/SSN			Payee TIN		
Payment Year			Program Year		
Get Started	R&A/Contact Info <input checked="" type="checkbox"/>	Eligibility <input checked="" type="checkbox"/>	Patient Volumes <input checked="" type="checkbox"/>	Attestation <input type="checkbox"/>	Review
Submit <input type="checkbox"/>					
<div style="border: 1px solid black; border-radius: 10px; padding: 5px; display: inline-block;"> Begin </div>					

Medicaid Patient Volume Percentage Formula - Group

Medicaid Encounter Volumes

Divided by

Total Encounter Volume

Enter Group Practice Provider IDs.

If you listed four **Group Practice Provider IDs** and the patient volume numbers at the bottom reflect more than the four IDs you listed, please check the box directly below the provider IDs.

Enter **Patient Volumes** for the locations.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel back to the starting point or last saved data.

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Patient Volume - Group (Part 3 of 3)

Please indicate in the box(es) provided, the Group Practice Provider ID(s) you will use to report patient volume requirements. **You must enter at least one Group Practice Provider ID.**

*1234567890
2345678901
3456789012
4567890123

Please check the box if more than 4 Group Practice Provider IDs will be used in reporting patient volumes. ☐

For reporting Group patient volumes:

- 1) The clinic or group practice's patient volume is appropriate as a patient volume methodology calculation for the EP (for example, if an EP only sees Medicare, commercial, or self-pay patients, this is not an appropriate calculation);
- 2) There is an auditable data source to support the clinic's patient volume determination; and
- 3) So long as the practice and EP's decide to use one methodology in each year (in other words, clinics could not have some of the EP's using their individual patient volume for patients seen at the clinic, while others use the clinic-level data). The clinic or practice must use the entire practice's patient volume and not limit it in any way. EP's may attest to patient volume under the individual calculation or the group/clinic proxy in any participation year. Furthermore, if the EP works in both the clinic and outside the clinic (or with and outside a group practice), then the clinic/practice level determination includes only those encounters associated with the clinic/practice.

Please enter **patient volumes** where indicated. **You must enter volumes in all fields below, if volumes do not apply, enter zero.**

An Encounter is defined as any services that were rendered on any one day to an individual enrolled in an eligible Medicaid program.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Medicaid only Encounter Volume (In State Numerator)	Medicaid Encounter Volumes (Total Numerator)	Total Encounter Volume (Denominator)
*500	*1250	*3500

Previous
Reset
Save & Continue

This screen displays the volumes you entered, all values summarized, and the Medicaid Patient Volume Percentage.

Review the information for accuracy.

Note the **Total %** patient volume field. This percentage must be greater than or equal to 30% to meet the Medicaid patient volume requirement. For Pediatricians the percentage must be greater than or equal to 20% to meet the Medicaid patient volume requirement.

Click **Save & Continue** to proceed or click **Previous** to go back.

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Patient Volume - Group (Part 3 of 3)

The patient volumes and certified EHR technology site usage selections you entered are depicted below. Please review the current information to verify what you have entered is correct.

When ready click the **Save & Continue** button to continue, or click **Previous** to go back.

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address
Yes	9999999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234
Yes	N/A	New Location	123 Main Street Anytown, AL 12345-

Group Practice ID(s) 1234567890 2345678901 3456789012 4567890123

Sum Medicaid only Encounter Volume	Sum Medicaid Encounter Volumes Total Numerator	Denominator	Total %
500	1250	3500	36%

Previous
Save & Continue

Patient Volume – FQHC/RHC Individual

The following pages will show you how to apply for the EHR Incentive program as an FQHC/RHC Individual provider. If you are not applying as an FQHC/RHC Individual provider, refer to the table on page 34 for more information.

Practice locations – MAPIR will present a list of locations that the state Medicaid program office has on record. If you have additional locations, you will be given the opportunity to add them. Once all locations are added, you will enter the required Patient Volume information.

Review the listed locations. Add new locations by clicking **Add Location**.

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Patient Volume - FQHC/RHC Individual (Part 3 of 3)

CO has the following information on the locations in which you practice.

Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

You must select at least one location for meeting patient volumes and at least one location for utilizing certified EHR technology.

When ready click the **Save & Continue** button to review your selection, click **Previous** to go back or click **Refresh** to update the list below. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	999999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	

Add Location
Refresh

Previous
Reset
Save & Continue

If you clicked **Add Location** on the previous screen, you will see the following screen.

Enter the requested practice location information.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Patient Volume - FQHC/RHC Individual (Part 3 of 3)

Please provide the information requested below to add a location to MAPIR *(for this Payment Incentive Application use only)*

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

*Location Name:
*Address Line 1:
Address Line 2:
Address Line 3:
*City:
*State:
*Zip (5+4):

New Location
123 Main Street

Anytown
Alabama
12345 -

Previous
Reset
Save & Continue

For each location, check whether you will report **Medicaid Patient Volumes** and whether you plan to **Utilize Certified EHR Technology**. You must select at least one location for meeting patient requirements and at least one location for utilizing certified EHR technology.

Note

For every location listed on this screen, even if you did not select it as a location to meet patient requirements (**Medicaid Patient Volume** column), you must indicate if you are using certified EHR technology at this location by selecting Yes or No in the **Utilizing Certified EHR Technology** column.

Click **Edit** to make changes to the added location or **Delete** to remove it from the list.

Note

The **Edit** and **Delete** options are not available for locations already on file.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.

Name

Personal TIN/SSN

Payment Year

Applicant NPI

Payee TIN

Program Year

Get Started
R&A/Contact Info ☒
Eligibility ☒
Patient Volumes ☒
Attestation ☐
Review ☐
Submit ☐

Patient Volume - FQHC/RHC Individual (Part 3 of 3)

CO has the following information on the locations in which you practice.

Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

You must select at least one location for meeting patient volumes and at least one location for utilizing certified EHR technology.

When ready click the **Save & Continue** button to review your selection, click **Previous** to go back or click **Refresh** to update the list below. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	N/A	New Location	123 Main Street Anytown, AL 12345	<div>Edit</div> <div>Delete</div>

Add Location Refresh

Previous Reset Save & Continue

Click **Begin** to proceed to the screens where you will enter patient volumes.

Name			Applicant NPI		
Personal TIN/SSN			Payee TIN		
Payment Year			Program Year		
Get Started	R&A/Contact Info <input checked="" type="checkbox"/>	Eligibility <input checked="" type="checkbox"/>	Patient Volumes <input checked="" type="checkbox"/>	Attestation <input type="checkbox"/>	Review <input type="checkbox"/>
<div style="border: 1px solid black; border-radius: 10px; padding: 5px; display: inline-block;"> Begin </div>					

Medicaid Patient Volume Percentage Formula – FQHC/RHC Individual

Total Needy Encounter Volume

Divided by

Total Encounter Volume

Enter **Patient Volume** for the locations.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Patient Volume - FQHC/RHC Individual (Part 3 of 3)

Please enter **patient volumes** where indicated. ***You must enter volumes in all fields below. If volumes do not apply, enter zero.***

Needy individual encounters include the following:

- Medicaid encounters for eligible individuals
- Children's Health Insurance Program encounters for eligible individuals
- Uncompensated care encounters
- Sliding scale encounters

When ready click the **Save & Continue** button to review your selection or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point

(*) Red asterisk indicates a required field.

Practitioner Panel <*Please select where you practice predominantly:>

☒ FQHC
☐ RHC

Provider ID	Location Name	Address	Medicaid and CHIP Encounter Volume (Numerator)	Other Needy Individual Encounter Volume (Numerator)	Total Needy Encounter Volume (Total Numerator)	Total Encounter Volume (Denominator)
9999999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	* 800	* 1000	* 1800	*
N/A	New Location	123 Main Street Anytown, AL 12345	* 400	* 500	* 900	*

Previous
Reset
Save & Continue

This screen displays the locations you are utilizing certified EHR technology, patient volumes you entered, all values summarized, and the Medicaid Patient Volume Percentage.

Review the information for accuracy.

Note the **Total %** patient volume field. This percentage must be greater than or equal to 30% to meet the Medicaid patient volume requirement. For Pediatricians the percentage must be greater than or equal to 20% to meet the Medicaid patient volume requirement.

Click **Save & Continue** to proceed or click **Previous** to go back.

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

Get Started
R&A/Contact Info ☒
Eligibility ☒
Patient Volumes
Attestation ☐
Review
Submit

Patient Volume- FQHC/RHC Individual (Part 3 of 3)

The patient volumes and certified EHR technology site usage selections you entered are depicted below.
Please review the current information to verify what you have entered is correct.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.

Practitioner Panel <*Please select where you practice predominantly:> FQHC

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address	Encounter Volumes	% Volume (Denominator)
Yes	9999999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	<i>Medicaid and CHIP Numerator:</i> 800 <i>Other Needy Numerator:</i> 1000 <i>Total Needy Numerator:</i> 1800 <i>Denominator:</i> 2000	90%
Yes	N/A	New Location	123 Main Street Anytown, AL 12345	<i>Medicaid and CHIP Numerator:</i> 400 <i>Other Needy Numerator:</i> 500 <i>Total Needy Numerator:</i> 900 <i>Denominator:</i> 1500	60%

Sum Medicaid and Chip Encounter Volume	Sum Other Needy Individual Encounter Volume	Sum Total Needy Encounter Volume	Denominator	Total %
1200	1500	2700	3500	77%

Previous
Save & Continue

Patient Volume – FQHC/RHC Group

The following pages will show you how to apply for the EHR Incentive program as an FQHC/RHC Group provider. If you are not applying as an FQHC/RHC Group provider, refer to the table on page 34 for more information.

Practice locations – MAPIR will present a list of locations that the state Medicaid program office has on record. If you have additional locations, you will be given the opportunity to add them. Once all locations are added, you will enter the required Patient Volume information.

Review the listed locations. Add new locations by clicking **Add Location**.

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Patient Volume – FQHC/RHC Group (Part 3 of 3)

CO has the following information on the locations in which you practice.

Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

You must select at least one location for utilizing certified EHR technology.

When ready click the **Save & Continue** button to review your selection, click **Previous** to go back or click **Refresh** to update the list below. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input type="radio"/> Yes <input type="radio"/> No	999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	

Add Location
Refresh

Previous
Reset
Save & Continue

If you clicked **Add Location** on the previous screen, you will see the following screen.

Enter the requested practice location information.

Click **Save & Continue** to proceed or click **Previous** to go back.

Click **Reset** to restore this panel to the starting point or last saved data.

Name

Applicant NPI

Personal TIN/SSN

Payee TIN

Payment Year

Program Year

Get Started

R&A/Contact Info ☒

Eligibility ☒

Patient Volumes ☒

Attestation ☐

Review

Submit ☐

Patient Volume – FQHC/RHC Group (Part 3 of 3)

Please provide the information requested below to add a location to MAPIR *(for this Payment Incentive Application use only)*

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.

Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

*Location Name:

New Location

*Address Line 1:

123 Main Street

Address Line 2:

Address Line 3:

*City:

Anytown

*State:

Alabama

*Zip (5+4):

12345

-

Previous

Reset

Save & Continue

For each location, check whether you plan to utilize certified EHR technology. You must select at least one location for utilizing certified EHR technology.

Note

You must indicate if you are using certified EHR technology at every location listed on this screen by selecting Yes or No in the **Utilizing Certified EHR Technology** column.

Click **Edit** to make changes to the added location or **Delete** to remove it from the list.

Note

The **Edit** and **Delete** options are not available for locations already on file.

Click **Save & Continue** to review your selection or click **Previous** to go back.

Click **Reset** to restore this panel to the starting point or last saved data.

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

Get Started
R&A/Contact Info ☒
Eligibility ☒
Patient Volumes ☒
Attestation ☐
Review
Submit

Patient Volume - FQHC/RHC Group (Part 3 of 3)

CO has the following information on the locations in which you practice.

Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

You must select at least one location for utilizing certified EHR technology.

When ready click the **Save & Continue** button to review your selection, click **Previous** to go back or click **Refresh** to update the list below. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input checked="" type="radio"/> Yes <input type="radio"/> No	9999999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	
<input checked="" type="radio"/> Yes <input type="radio"/> No	N/A	New Location	123 Main Street Anytown, AL 12345	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Click **Begin** to proceed to the screens where you will enter patient volumes.

Name			Applicant NPI		
Personal TIN/SSN			Payee TIN		
Payment Year			Program Year		
Get Started	R&A/Contact Info <input checked="" type="checkbox"/>	Eligibility <input checked="" type="checkbox"/>	Patient Volumes <input checked="" type="checkbox"/>	Attestation <input type="checkbox"/>	Review
Submit <input type="checkbox"/>					
<div style="border: 1px solid black; border-radius: 10px; padding: 5px; display: inline-block;"> Begin </div>					

Medicaid Patient Volume Percentage Formula – FQHC/RHC Group

Total Needy Encounter Volume

Divided by

Total Encounter Volume

Enter Group Practice Provider IDs.

If you listed four **Group Practice Provider IDs** and the patient volume numbers at the bottom reflect more than the four IDs you listed, please check the box directly below the provider IDs.

Enter Patient Volumes.

Click **Save & Continue** to proceed or click **Previous** to go back. Click **Reset** to restore this panel to the starting point or last saved data.

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Patient Volume - FQHC/RHC Group (Part 3 of 3)

Please indicate in the box(es) provided, the Group Provider ID(s) you will use to report patient volume requirements. **You must enter at least one Group Practice Provider ID.**

*1234567890
2345678901
3456789012
4567890123

Please check the box if more than 4 Group Practice Provider IDs will be used in reporting patient volumes. ☐

Group Volumes

For reporting Group patient volumes:

- 1) The clinic or group practice's patient volume is appropriate as a patient volume methodology calculation for the EP (for example, if an EP only sees Medicare, commercial, or self-pay patients, this is not an appropriate calculation);
- 2) There is an auditable data source to support the clinic's patient volume determination; and
- 3) So long as the practice and EP's decide to use one methodology in each year (in other words, clinics could not have some of the EP's using their individual patient volume for patients seen at the clinic, while others use the clinic-level data). The clinic or practice must use the entire practice's patient volume and not limit it in any way. EP's may attest to patient volume under the individual calculation or the group/clinic proxy in any participation year. Furthermore, if the EP works in both the clinic and outside the clinic (or with and outside a group practice), then the clinic/practice level determination includes only those encounters associated with the clinic/practice.

Please enter **patient volumes** where indicated. **You must enter volumes in all fields below, if volumes do not apply, enter zero.**

Needy individual encounters include the following:

- Medicaid encounters for eligible individuals
- Children's Health Insurance Program encounters for eligible individuals
- Uncompensated care encounters
- Sliding scale encounters

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

• Group/Clinic <* Please select where you practice predominantly:>

☒ FQHC
☐ RHC

Medicaid & CHIP Encounter Volume (Numerator)	Other Needy Individual Encounter Volume (Numerator)	Total Needy Encounter Volume (Numerator)	Total Encounter Volume (Denominator)
*600	*650	*1250	*3500

Previous
Reset
Save & Continue

This screen displays the locations where you are utilizing EHR technology, patient volumes you entered, all values summarized, and the Medicaid Patient Volume Percentage.

Review the information for accuracy.

Note the **Total %** patient volume field. This percentage must be greater than or equal to 30% to meet the Medicaid patient volume requirement. For Pediatricians the percentage must be greater than or equal to 20% to meet the Medicaid patient volume requirement.

Click **Save & Continue** to proceed or click **Previous** to go back.

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

Get Started
R&A/Contact Info ☒
Eligibility ☒
Patient Volumes ☒
Attestation ☐
Review
Submit

Patient Volume - FQHC/RHC Group (Part 3 of 3)

The patient volumes and certified EHR technology site usage selections you entered are depicted below. Please review the current information to verify what you have entered is correct.

When ready click the **Save & Continue** button to continue, or click **Previous** to go back.

• Group/Clinic <*Please select where you practice predominantly:> FQHC

Utilizing Certified EHR Technology?	Provider ID	Location Name	Address
Yes	9999999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234
Yes	N/A	New Location	123 Main Street Anytown, AL 12345-

Group Practice ID(s) 1234567890 2345678901 3456789012 4567890123 ←

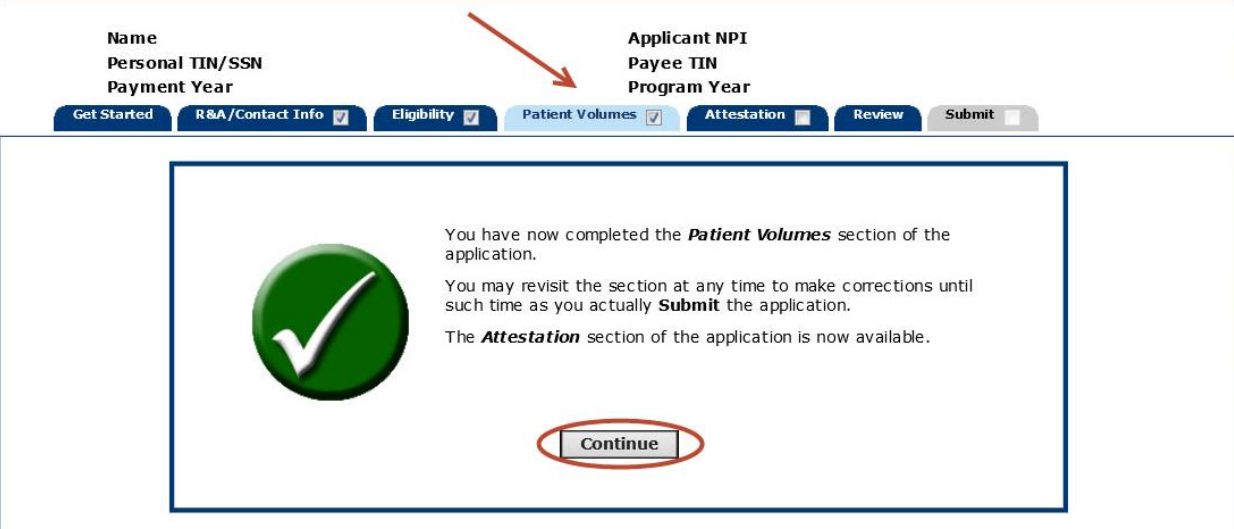
Medicaid & CHIP Encounter Volume (Numerator)	Other Needy Individual Encounter Volume (Numerator)	Total Needy Encounter Volume (Numerator)	Total Encounter Volume (Denominator)	Total %
600	650	1250	3500	36% ←

Previous Save & Continue

This screen confirms you successfully completed the Patient Volume section.

Note the check box in the Patient Volume tab.

Click **Continue** to proceed to the **Attestation** section.



The screenshot displays the MAPIR application interface. At the top, there are input fields for 'Name', 'Personal TIN/SSN', 'Payment Year', 'Applicant NPI', 'Payee TIN', and 'Program Year'. Below these fields is a horizontal navigation bar with tabs: 'Get Started', 'R&A/Contact Info' (checked), 'Eligibility' (checked), 'Patient Volumes' (checked and highlighted with a red arrow), 'Attestation' (unchecked), 'Review', and 'Submit' (disabled). The main content area features a large green circular icon with a white checkmark. To the right of the icon, the following text is displayed: 'You have now completed the **Patient Volumes** section of the application. You may revisit the section at any time to make corrections until such time as you actually **Submit** the application. The **Attestation** section of the application is now available.' At the bottom center of this content area is a button labeled 'Continue', which is circled in red.